Healthy

Healthy Toronto 2000 Subcommittee, Board of Health, City of Toronto, September, 1988

The Board of Health
for the City of Toronto Health Unit

Chairman:
Councillor Jack Layton
Council Members' Office
City Hall, Toronto
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Secretary:
Roy V. Henderson,
City Clerk

Attention:

City Clerk's Department,
City Hall, Toronto,
Ontario M5H 2N2
392-7025

March 31, 1989

At its meeting on January 12, 1989, City Council adopted the Report but referred Recommendation No. 2 (on page 9) back to the Board of Health for further consideration. The Board has referred this matter to its Healthy Toronto 2000 Sub-Committee.

Please note an error in this publication on page 2, where the five strategies of the Ottawa Charter are listed under the section "A Healthy City Initiative". These strategies should appear on page 4 under the section "A Health Promotion Strategy", followed by the list of challenges and changes affecting the health of Toronto.

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A LETTER FROM THE CHAIRMAN

At last, here is the Report of the Healthy Toronto 2000 Sub-Committee. The Report constitutes a blueprint for the Department of Public Health and the City of Toronto to the end of the century. We believe that our Report lays out a desirable and feasible program that will help make Toronto the healthiest city possible.

We have identified the major challenges to Toronto's health and addressed the question "What needs to be done to make Toronto a healthy city?".

We have consulted widely with the community and with the Department staff in identifying the challenges and our response to those challenges. Our thanks go to all who helped us by participating in the vision workshops and responding to our discussion paper.

As our terms of reference also required, we have reviewed the implementation of Public Health in the 1980's and are satisfied with the progress made. We do not believe that any major changes are necessary to the Department's present structure. We recommend, however, that the boundaries of the Health Areas and the composition and function of the Community Advisory Boards be reviewed by the new Board of Health and City Council in light of the new City ward boundaries and Council structure, and with a view to achieving the objectives of the Healthy City Strategy.

We believe that our Report, the proposed City-wide Healthy City Initiative and the proposed Department Healthy City Strategy will establish bold new directions and exciting new standards for public health in Toronto and elsewhere in the next decade.

Sincerely,

Councillor Jack Layton
Chair, Healthy Toronto 2000 Subcommittee

Membership: Healthy Toronto 2000 Subcommittee

Councillor Jack Layton, Subcommittee Chair and Chair, Board of Health;

Mr. Sydney Baxter, Business Manager, Downtown Health Area;

Ms. Donna Biesenthal, Manager, Personal Health Services, Eastern Health Area (to September 1986);

Mr. John DeMarco, Member, Board of Health (to December, 1986);

Mr. James Flaherty, Manager, Environmental Health Inspection Services, Downtown Health Area;

Dr. Richard Fralick, Associate Medical Officer of Health, Northern Health Area (to September 1987);

Ms. Ilda Furtado, Provincial Representative on the Board of Health (from December 1987);

Councillor Kay Gardner, Member, Board of Health;

Dr. Trevor Hancock, Associate Medical Officer of Health, Northern Health Area (to September 1986);

Ms. Magda Lewis, Member, Northern Health Area Community Advisory Board and Board of Health (to December 1986);

Dr. Jack Lee, Manager, Dental Services, Downtown and Eastern Health Area (from September 1987);

Ms. Marcia Moss, Executive Assistant to the Medical Officer of Health;

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Department of Public Health Staff Support and Consultation:

Dr. Trevor Hancock, Public Health Consultant;

Ms. Gail Lyons, Family Planning Research and Information Coordinator, Central Resources;

Dr. Ted Myers, Consultant Health Planner, Office of the Medical Officer of Health.

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Table of Contents

A Letter from the Chair i

Membership: Healthy Toronto 2000 Subcommittee ii

The Report in Brief 1

Recommendations 9

Introduction 20

How We Developed This Report 20

1. The Healthy City: A Framework for Action 22

1.1 Some Fundamental Concepts and Values 22
1.2 A Model of Health 22
1.3 A Healthy City Initiative 25
1.4 Health Goals for the City 25
1.5 The Department's Mission 25
1.6 Health Goals for the Department 25
1.7 Three Priority Concerns 25
1.8 A Health Promotion Strategy 26

2. The Context 26

2.1 A Century of Progress 28
2.2 A Decade of Change 34

2.2.1 Changing Health Status 36

2.3 New Thinking on Health 40
2.4 Community Development and Empowerment for Health 42

3. The Changing City: Challenges to the Health of Toronto 44

3.1 The Community's Composition 46

3.1.1 An Aging Population 46
3.1.2 A Multicultural Community 46
3.1.3 Changing Family Structures 48

3.2 The Community's Social Condition 49

3.2.1 Housing 49
3.2.2 Food 50
3.2.3 Work 51
3.2.4 Education 52
3.2.5 Income Distribution 53
3.2.6 Safety, Security and Peace 54

3.3 The Environment of the City 56

3.3.1 Pollution and Waste Management 56
3.3.2 Urban Planning 57
3.3.3 Sustainability 60

3.4 The Community's Health ... 60

3.4.1 Inequalities in Health ... 60
3.4.2 Cardiovascular Disease ... 63
3.4.3 Cancer ... 63
3.4.4 Substance Use and Abuse ... 64
3.4.5 Mental Health Problems ... 65
3.4.6 AIDS ... 65
3.4.7 Trauma ... 66

3.5 The Community's Health Care System ... 66

3.5.1 A Community-Based Health Care System ... 66
3.5.2 Health Promotion ... 67

4. A Healthy City Initiative ... 69

4.1 Overview of the Healthy City Initiative ... 69

4.2 A Health Agenda for Toronto ... 74

4.2.1 Reduce Inequities in Health Opportunities in Toronto ... 74

Housing and Health ... 75
Food for Health ... 76
Income, Work and Health ... 77
Education for Health ... 78

4.2.2 Create Physical Environments Supportive of Health ... 79

Urban Planning for Health ... 79
Transport Planning ... 80
Accident Prevention ... 81
A Sustainable Community ... 82

4.2.3 Create Social Environments Supportive of Health ... 83

Community Empowerment ... 83
Community Support ... 84
A Safe City ... 85
Women, Power and Health ... 85

4.2.4 Advocate for a Community-Based Health Services System ... 86

4.3 A Healthy City Strategy for the Department ... 88

4.3.1 Increase Health Expectancy in Toronto ... 88
Healthy Parents/Healthy Children ... 88
Healthy Seniors ... 90
Health at School ... 91
Health at Work ... 92
Promoting Mental Health ... 93
Heart Health ... 95
Cancer Prevention ... 96
Preventing Substance Abuse ... 98
Healthy Eating ... 99
Dental Health ... 100
Healthy Sexuality ... 101

4.3.2	Create Healthful Environments and Protect People from Health Hazards	102
	Community Sanitation and Environmental Protection	102
	Communicable Disease Control	104
4.3.3	Enable the People of Toronto to Develop Health Promotion Skills and Achieve Their Health Potential	104
	Health Education	105
	Community Development in a Multicultural Society	105
	Health Communications	105
4.3.4	Plan for Health and Provide Health Data	106
	Health Planning	106
	Health Data	106
	Health Research	107
4.3.5	Support the Healthy City Initiative	108
	Healthy City Strategy Section	108
	Staff Development	109
	Education and Training of Community Health Professionals	109

Postscript: Where It All Leads - A Vision Of A Healthy Toronto 111

Appendices: 113

I Terms of Reference: Healthy Toronto 2000 Subcommittee 113

II Summary of Responses To Healthy Toronto 2000 Survey 113

III Bibliography 118

"Many would be surprised to learn that the greatest contribution to the health of the nation over the past 150 years was made, not by doctors and hospitals, but by local government."

Dr. Jessie Parfit

The Health of a City: Oxford 1770 to 1974

—

The Report in Brief

Ten years ago, the role, function and structure of the Department of Public Health was radically altered by the report, *Public Health in the 1980's*.

Today, a decade later, most of the recommendations in that report have been implemented, and the Department is far more active in a wider range of public health issues. This has given rise to a new realization - that much that will promote or enhance the health of the people of Toronto lies "beyond health care" - as the Board of Health's centennial conference put it in 1984 - and beyond public health itself. It was this thinking that led to the "Healthy Toronto 2000" workshop that accompanied the "Beyond Health Care Conference" that year - a workshop that proved to be the inspiration behind the World Health Organization's "Healthy Cities" project and the Canadian "Healthy Communities" project and of course, this Report.

This Report is not so much a paradigm shift - as was *Public Health in the 1980's* - as an evolution and refinement of our thinking since then. It recognizes that the process of improving the health of the community is slow and complex; that the profound changes in social values and attitudes that are necessary are the result of a long-term commitment to a multi-faceted and broad-based process of social change; and that many of the challenges to health that we face are interrelated and will require a holistic approach for their resolution. Further, it addresses as much the City as a whole, and City government, as the Department of Public Health. To make Toronto the healthiest city possible, we must ensure that health is a principal concern on everyone's agenda and that the health impacts of our decisions are recognized and taken into account. This is the central message of Healthy Toronto 2000.

Some Fundamental Concepts and Values

We see health as a resource for everyday life. People wish to be healthy in order to lead rich and fulfilling lives, and to attain their maximum potential. In this context, health is more than just physical health - we have to pay much more attention to mental and social well-being.

We recognize that the level of health of our community is a reflection of the quality of our community and that a high level of health for all in our community must be our aspiration. Therefore the basic prerequisites for health must be available to everyone.

Health is a complex phenomenon involving physical, mental and social well-being and is determined by many factors. We therefore need a sophisticated understanding of health, one which illuminates the complex interactions and the holistic nature of the determinants of health and can guide us in our actions.

We have come to recognize certain fundamental public health values. These include:

- Promotion of health and prevention of disease are better than cure.
- Social interventions to enhance the common health of the community are appropriate and may take precedence over individual concerns.
- Inequalities in health must be reduced and their roots in social inequities must be addressed.
- We must treat our natural ecosystem with respect, both for our own benefit and for the benefit of future generations and we must provide for them a clean, green, quiet, healthy and sustainable environment.
- Our community must be human-centred and human scale, a caring, sharing, cooperative and supportive community that places people above material things.
- Each individual in society needs a meaningful role and the ability and the opportunity to participate actively in the community and in decisions affecting their health.

A Healthy City Initiative

The recognition of the breadth of our concerns with health, compared to the somewhat narrower responsibility of the Department of Public Health, leads us to an inevitable conclusion. City government as a whole and the community-at-large of the City must become involved in any effort to make Toronto the healthiest city possible. This calls for a broad, multisectoral and community-based initiative which the Board of Health and the Department of Public Health can help to initiate but cannot implement alone. Within this broad initiative, the Department must develop its own healthy city strategy.

- establish public policies that support health;
- create or help in the creation of environments supportive of health;
- strengthen and facilitate community action for health;
- develop or aid in the development of personal skills for health;
- reorient health services towards health promotion and a community-based health services system.

The Context

Like all big cities, Toronto's health has improved dramatically over the past century. This resulted from the actions of City government as a whole, community activists and social reformers. Life expectancy has increased by over 40 years as infant mortality rates have plummeted, as have infectious diseases. Much of this improvement has been due to such things as improved water supply and sewage disposal, better food quality and supply, better education (especially among women), better housing, living and working conditions, and public immunization campaigns. In the early part of this century, the Department of Public Health became one of the most respected municipal public health departments in the world, and its budget and resources grew dramatically under the leadership of Dr. Charles Hastings (1910-1929).

The development of medical technology and the advent of health insurance meant that less emphasis was paid to public health in the middle part of this century. However, beginning in the early 1970's, public health has undergone a renaissance.

The City of Toronto Department of Public Health again has assumed a leadership role and is fast developing an international reputation. This reputation is built upon good data-based planning, community development approaches, effective health advocacy, innovative programs and decentralized team management.

The past decade also has seen some dramatic improvements in health in Toronto, principally a 28 percent reduction in the standardized death rate, due particularly to a dramatic decline in deaths from heart disease. Other causes of death have declined substantially, including infant mortality, accidents, cirrhosis, suicide and male lung cancer. New epidemics also have appeared, notably lung cancer among women and AIDS.

These changes have occurred in the context of important new international, national and provincial thinking about health exemplified by the Ottawa Charter for Health Promotion; Health and Welfare Canada's report "Achieving Health For All: A Framework For Health Promotion"; three provincial reports which stressed health promotion and the establishment in Ontario of a Premier's Council on Health Strategy.

Community Development and Empowerment for Health

The theme of community development and empowerment for health runs throughout this Report, and is an important focus of "the new public health". Health promotion is defined as "enabling people to increase control over and improve their health". Facilitating the process of empowerment is a key strategy in health promotion.

The Changing City: Challenges to the Health of Toronto

While Toronto has a reputation for being a generally well run and livable city with a high level of health, there is an increasing sense that our generally favourable situation is under severe pressure. While Toronto is economically prosperous, this prosperity hides pockets of poverty, hunger, homelessness and general misery; while Toronto has a reputation for being clean and safe, it is becoming more crowded, overdeveloped, polluted and unsafe; while we have had an effective City government, good health and social services and a culturally diverse population living in harmony, these benefits can only be maintained through hard work and careful thought; and while life expectancy is high, infant mortality low and health status good, these figures disguise dramatic inequalities in health. These challenges need to be faced.

Health Goals for the City

The following broad health goals, which correspond to proposed health goals for Ontario, are not primarily the responsibility of the Department of Public Health; they require the commitment of City Government as a whole.

1. Reduce inequities in health opportunities in Toronto.
2. Create physical environments supportive of health.
3. Create social environments supportive of health.
4. Advocate for a community-based health services system.

The Department Mission

Within the broad context of a City-wide initiative, the mission of the Department of Public Health is to help the people of the City make Toronto the healthiest city possible.

This mission can best be accomplished by:

- enabling the people of Toronto to increase control over and improve their health, both individually and as communities;
- developing and supporting a broad, multisectoral approach to the health challenges facing the City.

Health Goals for the Department

The following health goals are related to the proposed health goals for Ontario and are based upon the Department's present program priority areas. They represent areas for which the Department has primary responsibility.

1. Increase health expectancy among the people of Toronto.
2. Create healthful environments and protect the people of Toronto from health hazards.
3. Enable the people of Toronto to develop health promotion skills and achieve their health potential.
4. Plan for health and provide health data for the people of Toronto.
5. Promote and foster the Healthy City Initiative in all aspects of City life and government.

Three Priority Concerns

Three priority concerns should be addressed by *all* the Department programs.

1. In view of our concern with the need to reduce inequalities in health, our efforts must be to work with those with the greatest inequalities in health.

2. In view of the cultural diversity of Toronto, our efforts must be culturally appropriate and directed to those communities with the greatest inequalities.

3. In view of our concern with the need to empower people and communities, our efforts must be developed with the community, and must serve to facilitate the strengthening and empowerment of the community.

A Health Promotion Strategy

The five strategies of the Ottawa Charter should be used as the basis for developing the Healthy City Initiative.

Thus, as a City and as a Department we must:

- The community's composition is changing in three important ways. First, the population is aging, with the proportion 65 and over expected to increase from 12 percent in 1986 to 24 percent in 2011. Second, our population has become much more multicultural, with 35 percent of the population of the City born outside of Canada, and only 39 percent of British origin. Third, the traditional family unit can no longer be taken for granted; there are more single parent families, more families with both parents working and a variety of alternative family structures.

- For some people in the City, the basic prerequisites for health are not met. Between 10,000 and 25,000 people in Toronto are homeless, while 30,000 to 40,000 are waiting for subsidized housing; unaffordable housing makes it difficult to afford other necessities of life. More people are hungry, with as many as one in twenty of the City's population receiving food from food banks while many do not eat nutritiously. For those affected by it, unemployment is devastating to physical, mental and social well-being, while much work is in itself unhealthy. The need for both parents to work is putting added strains on the family. Those with little education may have inadequate resources or knowledge to achieve good health; not only the one in four people who are functionally illiterate are at hazard, but those who do not receive adequate health education in school. There is some evidence that the disparity between the well-off and the poor is widening, and that children in particular are victims of poverty. It is not simply low income that is the problem, but the hopelessness that comes from long-term poverty and the lack of work opportunities and supports which would lead to self-reliance. Violence appears to be increasing, and a high proportion of women feel unsafe in their neighbourhoods. The ultimate violent threat to the City is, of course, nuclear war.

- Our physical environment is threatened by pollution and problems of waste management. We have to consider the health implications of urban planning decisions and we have to be concerned with our ecological and resource limits. Lake Ontario continues to be threatened by numerous sources of contaminants, some of which are entering the food chain. Huge new office developments will bring increased traffic and hence increased vehicle emissions. Our pollution of the environment and our use of the world's resources ultimately present a threat not only to ourselves but to the planet as a whole.

- While our health on the whole has improved, a number of major health problems still exist, and new ones have emerged. Heart disease continues to be the major cause of death, but as it has declined, cancer has increased. Substance abuse (tobacco, alcohol and drugs) contributes among other things to heart disease, lung and other cancers, liver disease, accidents, mental health problems and, in the case of injection drug use, to communicable disease such as AIDS and Hepatitis B. The emergence of AIDS is a major challenge to public health. Mental health problems are particularly challenging because of their complex and poorly understood origins and the deficiencies of our mental health care system.

- While Ontario has one of the best health care systems in the world, there has been an overemphasis on the medical model and the institutional basis of the system. We need to move to a more balanced and community-based system of health care with more collaboration and coordination both within the system and between the health care system and other human services. Finally, we need to shift resources and emphasis to health promotion and disease prevention.

A Healthy City Initiative

A healthy city is not simply one whose population enjoys a high health status, nor is it one which has a healthy environment, though both of these are important results of a healthy public policy approach. Rather, it is one which recognizes the challenges to health and mobilizes its resources to meet them. It is, as the World Health Organization's background paper on healthy cities states:

> "... one that is continually developing those public policies and creating those physical and social environments which enable its people to mutually support each other in carrying out all the functions of life and achieving their full potential."

Clearly, this is a task that calls for health to be high on the agenda of all sectors of the community.

Of course, we cannot direct the actions of the community, nor even of City government. What we can do is propose to City Council and to the community, a strategy for a Healthy City Initiative — together with an outline of the Department of Public Health contribution to that initiative — and then work together to make Toronto more healthy.

The first component of the initiative is *a health agenda for Toronto* which addresses the basic prerequisites for good health - food, shelter, work, education, income, peace, ecological stability, resource sustainability, equity, and social justice.

This calls for the development by City Council of healthy public policies that will reduce inequities in health opportunities by ensuring that the people of Toronto have access to these basic prerequisites for health and will ensure that we create physical and social environments supportive of health. Thus we propose the establishment of the structures and processes needed to ensure that health is high on the public agenda: a Healthy Public Policy Committee is proposed together with a Healthy City Office. This agenda also calls for community empowerment to be a major concern of local government, so that individuals and communities can increase control over and improve their health. Proposed health goals for the City and the related programs are summarized in the Recommendations.

Within the overall Healthy City Initiative, it is appropriate that the Department of Public Health play a lead role in two areas: in the food area, because of the Department's responsibilities with respect to nutrition and in the area of environmental protection and developing a sustainable community strategy, through the Environmental Protection Office.

The second component of the initiative is a *healthy city strategy for the Department of Public Health* which addresses the Department's role not only in contributing to these four proposed Ontario health goals but in specifically meeting the remaining three goals:

The Department will meet those provincial goals, and carry out its own mission and provincially mandated programs through a wide range of programs organized in four goal-related program areas:

- community preventive health programs (programs directed at specific lifecycle stages, community locations and health problems) that increase health expectancy;
- community health protection programs which will create healthful environments and protect people from health hazards;
- community health promotion programs that help people acquire health promotion skills and achieve their health potential;
- community health planning and data programs that plan for health and collect and provide health data.

These goals and their related programs, are summarized in the Recommendations.

Each of the Department's programs will reflect the Department's three priority concerns:

- to reduce inequalities in health;
- to meet diverse cultural needs;
- to empower individuals and communities.

At the same time, the Department must pursue its fifth goal of supporting the Healthy City Initiative. To do so it must actively propose healthy public policies and work with other City departments and the community to ensure that the health agenda for Toronto is developed and implemented.

The relationship between the challenges to the health of Toronto and the proposed Healthy City Initiative is shown in Table 1.

Table 1

Challenges and Responses

	Challenges	Responses
3.1.1	An Aging Population	Healthy Seniors (see 4.3.1): - See also housing and health, urban planning and transport planning, accident prevention, community empowerment and support, a community-based health services system, promoting mental health, dental health.
3.1.2	A Multicultural Community	The need for the Department to address multicultural concerns in *all* of its programs is one of three priority concerns (see 1.7): - See also community development in a multicultural society, community empowerment and support, promoting mental health, healthy eating, health communications.
3.1.3	Changing Family Structures	Healthy Parents/Healthy Children (4.3.1): - See also income, work and health, community support, women, power and health, healthy seniors, health at school, health at work, communicable disease control, community development in a multicultural society.
3.2.1	Housing	Healthy Housing Policy (4.2.1): - See also income, work and health, urban planning for health, community sanitation and environmental protection.

3.2.2	Food	A Food Policy Council (Food For Health, 4.2.1) And Healthy Eating (4.3.1): - See also heart health, cancer prevention, dental health, community sanitation and environmental protection.
3.2.3	Work	Income, Work And Health (4.2.1) And Health At Work (4.3.1): - See also promoting mental health, community sanitation and environmental protection.
3.2.4	Education	Education For Health (4.2.1), Health At School (4.3.1) and Health Education (4.3.3): - See also healthy parents/healthy children, promoting mental health, heart health, cancer prevention, preventing substance abuse, healthy eating, dental health, healthy sexuality.
3.2.5	Income Distribution	Income, Work And Health (4.2.1): - See also housing and health, community empowerment.
3.2.6	Safety, Security And Peace	A Safe City (4.2.3): - See also urban planning for health.
3.3.1	Pollution And Waste Management	Urban Planning For Health (4.2.2), Community Sanitation And Environmental Protection (4.3.2): - See also a sustainable community.
3.3.2	Urban Planning	Urban Planning For Health (4.2.2): - See also transport planning for health, community sanitation and environmental protection.
3.3.3	Sustainability	A Sustainable Community (4.2.2): - See also urban planning for health, transport planning for health, community sanitation and environmental protection.
3.4.1	Inequalities In Health	The need to address inequalities in health in all the Department's programs was one of the three priority concerns identified in this report: - See also housing and health, food for health, income, work and

		health, education for health, community empowerment, community support, community development in a multicultural society.
3.4.2	Heart Disease	Heart Health (4.3.1): - See also cancer prevention, healthy eating.
3.4.3	Cancer	Cancer Prevention (4.3.1): - See also heart health, health at work, community sanitation and environmental protection.
3.4.4	Substance Abuse	Preventing Substance Abuse (4.3.1)
3.4.5	Mental Health	Promoting Mental Health (4.3.1) - See also community empowerment, community support, a safe city, women, power and health, healthy parents/healthy children, healthy seniors, health at school, health at work, preventing substance abuse, healthy sexuality.
3.4.6	AIDS	Communicable Disease Control (4.3.2), Healthy Sexuality (4.3.1).
3.4.7	Trauma	Accident Prevention (4.2.2) - See also transport planning for health.
3.5.1	A Community-Based Health Care System	Advocate for a Community-Based Health Services System (4.2.4).
3.5.2	Health Promotion	This Report.

Recommendations

Implementation Mechanisms

A Framework for Action

1. The Board of Health and City Council adopt the Framework for Action outlined in Section 1 of this Report.

A Healthy City Initiative

A Healthy Public Policy Committee

2. City Council establish a Healthy Public Policy Committee to audit, monitor and coordinate the work of the City standing committees and departments with respect to enhancing the City's health and environment. This Committee would:
   - ensure that City policies are consistent with the proposed Framework for Action;
   - establish long-term health goals, objectives and targets for the City and a five-year plan for implementing the Healthy City Initiative;
   - develop and oversee the process of community involvement at all levels and in all sectors of the City in development and implementation of the Healthy City Initiative;
   - ensure that accessibility to City decision-making and to City services that affect health is open to the multicultural community;
   - oversee the work of the proposed Inter-departmental Healthy City Workgroup and the proposed Healthy City Office;
   - link with the Canadian Healthy Communities project, the World Health Organization (WHO) Healthy Cities project and with other Healthy City/Healthy Community projects in Canada.

A Healthy City Office

3. City Council establish a Healthy City Office to be located in an appropriate City department. This Office would be responsible for developing the City-wide Healthy City Initiative as outlined in this Report under the direction of the proposed Inter-departmental Healthy City Workgroup and the proposed City Healthy Public Policy Committee.

Inter-departmental Healthy City Workgroup

4. City Council establish an Inter-departmental Healthy City Work Group to coordinate the activities of the various departments involved in the City-wide Healthy City Initiative; the Workgroup would also oversee the work of the proposed Healthy City Office and would provide advice and consultation to the proposed City Healthy Public Policy Committee.

Reduce Inequities in Health Opportunities in Toronto

Housing and Health

5. City Council, through the proposed Healthy Public Policy Committee and the Commissioner of Housing, establish a Healthy Housing Policy to complement and, where appropriate, reorient existing housing policy. The Policy should have the following objectives:

   - there will be no need for anyone to be homeless in Toronto;
   - while temporary hostel accommodation might be necessary from time to time, permanent housing will be available for all who need it;
   - appropriate and affordable housing will be available for low income families and for families with children to ensure a "healthy" social mix in the City;
   - a full range of supportive housing options will be available for senior citizens, and for those with physical and mental disabilities that would enable them to remain within the community;
   - emergency hostels and shelters will be available for assaulted women and their children, street youths and others in urgent need of shelter;
   - occupant control of housing will be strengthened;
   - speculation in housing will be controlled to help keep prices down;
   - all housing will meet minimum health standards.

Food for Health

6. City Council, through the proposed Healthy Public Policy Committee and the Medical Officer of Health, establish a Food Policy Council with representation from City Council, the private business sector, churches, community groups, nutritionists, environmentalists and others involved in food issues. The Food Policy Council should work to achieve the following objectives:

   - there will be no hungry people in Toronto;
   - there will be no need for food banks in Toronto;
   - an adequate, safe and nutritious food supply will be available to all citizens;
   - accessible food outlets will be within reach of all citizens;
   - Toronto citizens will be fully informed about the nutritional quality of the foods they consume;
   - food-related activities which degrade the natural environment and waste scarce resources needed for food production and distribution will be minimized.

7. The Department of Public Health play a lead role in the development of the City Food Policy and provide staff support to the proposed Food Policy Council.

Income, Work and Health

8. City Council develop an economic development strategy that will ensure the availability of healthful work that is environmentally sustainable and provides an adequate income.

9. City Council advocate for minimum wage and social assistance levels that will ensure everyone in the City receives an income adequate for good health.

10. City Council advocate for a supportive employment/reemployment assistance program that includes training/retraining, job search counselling and support services, such as daycare, for those seeking to reenter the work force.

Education for Health

11. City Council advocate to the Boards of Education the need for all students in both day school and continuing education programs to be functionally literate upon leaving school, to have mastered the skills that would empower them to participate actively in community life, and to have benefited from a comprehensive health education curriculum developed in consultation with the Ministry of Education.

12. The Department of Public Health collaborate with the Boards of Education toward the development of a comprehensive health education curriculum and the development of a health component in adult literacy programs.

Create Physical Environments Supportive of Health

Urban Planning for Health

13. City Council ensure that assessment of physical, mental and social impacts on health becomes a critical component of City of Toronto plan approvals.

14. The Department of Planning and Development and the Department of Public Health undertake a study of the impacts of increased density, including such issues as the health impact of commuting upon physical, mental and social well-being.

Transport Planning

15. City Council develop and adopt a vehicle emissions reduction strategy which includes some or all of the following:

    - reduction of the number of vehicles on City streets;
    - encouragement of public transit;
    - program to ensure that engines are properly tuned;
    - advocacy for a program to encourage less polluting alternative fuels;
    - encouragement of walking and cycling as alternatives to driving.

16. City Council take steps to improve safety for cyclists, including the consideration of developing physically separated bicycle lanes/pathways.

17. City Council request the Toronto Transit Commission to provide escalators and/or elevators at all transit stations, and to ensure that there is always at least one ascending escalator or an elevator.

Accident Prevention

18. City Council, through the Department of Buildings and Inspections, develop a program to "accident proof" homes, (particularly the homes of seniors); other accident prevention programs should be developed through the proposed Healthy Public Policy Committee.

Sustainable Community

19. City Council seek enabling legislation to permit the City to adopt an environmental by-law that includes:

    - an environmental bill of rights for the City;
    - amendments to the Official Plan to include environmental and health criteria;
    - legislation to promote a sustainable community.

20. City Council establish a sustainability strategy for the City (i.e., to include targets for resource and energy conservation, pollution control, recycling and waste management and the incorporation of sustainability criteria in the Offical Plan).

21. City Council establish policies and practices consistent with sustainability and health, including energy and resource conservation, recycling and the avoidance of toxic or environmentally harmful products.

22. City Council request Metro Council to establish a Metro Round Table on Environment and Economy, with linkages to the provincial and national Round Tables. Membership on the Roundtable should include business, community, government, health and environmental groups. The Round Table should have the mandate of developing a strategy for Metro Toronto becoming a sustainable community.

23. Through the Department of Public Health Environmental Protection Office, the City participate in the proposed Metro Round Table toward the development of a sustainable community strategy and environmental protection activities.

Create Social Environments Supportive of Health

Community Empowerment

24. City Council develop a Community Development Policy and facilitate community empowerment through its grants, through purchase of service agreements with community groups, where appropriate, and by ensuring that all City departments use community development approaches. In particular, the City should ensure that information on neighbourhood issues, resources and concerns is accessible and understandable at the community level and that children and adults acquire citizenship skills.

Community Support

25. City Council examine the desirability and feasibility of establishing or supporting volunteer coordinators in local communities, working in conjunction with voluntary groups, to develop and sustain a network of community volunteers.

A Safe City

26. City Council develop a broad-based "Safe City" Task Force to examine ways to reduce the level of violence in the community and to foster a more peaceful community.

27. City Council support and facilitate community-based action to reduce violence and increase safety.

28. City Council include a policy on public safety in the Official Plan.

29. The Department of Public Health report on the extent of violence in Toronto, its health impact and its antecedents.

Women, Power and Health

30. City Council evaluate the impact of its policies upon reducing the social, economic and health inequalities of women.

Advocate for a Community-Based Health Services System

31. City Council adopt a policy in favour of a more community-based health services system and ensure that the criteria for awarding grants from the Toronto Health Care Fund are consistent with this policy.

32. City Council use its influence through membership on the Metro Toronto District Health Council and hospital boards to advocate for a more community-based health services system.

33. City Council advocate, along with the Ontario Public Health Association, that the province shift 0.25 percent per year of the annual provincial health budget to public health and health promotion for ten years.

34. City Council advocate to the Ministry of Health for studies of the efficacy and cost-effectiveness of the current health care system.

35. City Council support the intent of the Metro Toronto District Health Council to develop a strategic plan for health promotion and health care that includes evaluation of the system's effectiveness and efficiency.

36. City Council request Metro Toronto District Health Council to adopt health goals for Metro Toronto consistent with the provincial health goals proposed by the Ontario Health Goals Panel.

37. City Council request Metro Toronto District Health Council to prepare a report on health inequalities in Metro Toronto and develop a strategy to attain health for all in Metro Toronto.

38. City Council request Metro Toronto District Health Council to commit itself to developing a community-based and community-managed health services sector at least as good as the institutional health services sector.

39. The Board of Health establish a forum that would be the basis for a coalition working to develop a community-based health services system in the City of Toronto.

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Increase Health Expectancy Among The People Of Toronto

Healthy Parents/Healthy Children

40. The Department of Public Health develop a Healthy Parent/Healthy Child Policy that emphasizes community development, family-based and culturally appropriate approaches. The Policy should:

    - advocate that parents and prospective parents have the information, physical and social resources necessary for healthy growth and development of both parent and child;
    - strengthen formal community services and support informal networks for mutual care and self-help;
    - strengthen the family's capacity to establish appropriate health promoting values, beliefs and behaviours;

    This will be accomplished through:

    - provision of direct services (including health promotion and education, health protection, disease prevention, screening, counselling and related services);
    - working with others in the community to ensure the provision of and advocate for services and resources for health (including daycare, housing, income support and other social support and mutual aid programs);
    - monitoring the health of parents, families and young children and identifying areas of need or concern.

41. The Department of Public Health programs for healthy parents and healthy children contain a significant mental health component, both to establish good parenting practices and to identify and help families at high risk of child neglect and/or abuse.

Healthy Seniors

42. The Department of Public Health greatly expand its activities in the implementation of its existing policy with respect to seniors.

43. The Department of Public Health consider the desirability and feasibility of establishing volunteer coordinators in each Health Area, working in conjunction with voluntary groups, with a particular responsibility to develop support and volunteer networks for seniors.

Health at School

44. The Department of Public Health work with the Boards of Education to develop a comprehensive health education curriculum; to promote and expand physical fitness programs, with an emphasis on non-competitive exercise programs; to ban smoking in all schools; to minimize the use of or eliminate toxic chemicals in the schools; and to advocate that only healthy food is provided/sold in schools.

45. The Department of Public Health provide school health services that are culturally sensitive and specific; and are provided more intensively to those in the community with the greatest health inequalities.

Health at Work

46. The Department of Public Health review its role in ensuring that small firms receive effective occupational health and safety services, and that their workers are informed on the use and hazards of toxic chemicals in their workplace.

47. The Department of Public Health develop workplace health promotion programs in collaboration with other health agencies, unions and employers, with particular emphasis on health promotion issues arising out of inequities in access to resources for health in the workplace.

48. The Department of Public Health investigate and report on a strategy to promote physical fitness programs in City of Toronto workplaces.

49. City Council ensure that those who work for City government have healthful work; this could be initiated by requesting the City's Occupational Health & Safety Committee to develop a "healthiest workplace possible" strategy.

50. The Occupational Health, Safety & Rehabilitation Division, Management Services Department be requested to work with the Department of Public Health to develop a City policy on health at work.

Promoting Mental Health

51. The Department of Public Health give much greater priority to mental health promotion and mental illness prevention. This should include:

- parenting programs that are empowering and culturally appropriate;
- programs to identify and work with high-risk families, such as the Parents Helping Parents program;
- programs developed in collaboration with the Boards of Education and other appropriate community and parent groups that emphasize self-esteem, peer support, social networking and coping skills and resources for children;
- mental health promotion programs in the workplace;
- development of social networks and social support systems for seniors and others at risk of isolation, loneliness and vulnerability in thecommunity;
- strong advocacy for an effective and comprehensive community mental health system;
- monitoring and reporting on the status of the deinstitutionalized population;
- research on mental health promotion and development of new mental health promotion programs.

Heart Health

52. The Department of Public Health collaborate with other health agencies, community organizations and all other relevant groups to develop a comprehensive heart health strategy with the goal of "shifting the curve" i.e., a strategy aimed at the population as a whole. This strategy should include:

- programs to develop and reward the development of heart healthy food products and restaurant menus;
- tobacco reduction/eliminatio.ı strategy;

- culturally appropriate dietary goals;
- culturally appropriate fitness and exercise programs;
- heart health education programs;
- effective hypertension screening and treatment programs.

53. The Department of Parks and Recreation and the Department of Public Health collaborate in the development of wellness programs to be offered through the City's community recreation facilities.

Cancer Prevention

54. The Department of Public Health prepare a report on the scientific basis for a comprehensive cancer prevention strategy in the City of Toronto.

55. The Department of Public Health establish a comprehensive cancer prevention strategy (linked, wherever possible, to the Heart Health, Healthy Eating and Prevention of Substance Abuse programs). This strategy should include:

- tobacco reduction/elimination;
- cancer prevention diet;
- minimizing the use of and exposure to toxic chemicals at work, at home, in schools and in the community;
- appropriate cancer screening programs.

Preventing Substance Abuse

56. The Department of Public Health develop a comprehensive data-based substance abuse prevention strategy. This strategy should include:

- addressing the root causes of substance abuse such as addiction, isolation, loneliness, and stress,
- community-based alcohol and drug abuse prevention programs;
- participation with educational, enforcement, health and social agencies in intersectoral coalitions to prevent substance abuse;
- programs addressed to health professionals as well as the community to reduce prescription and over-the-counter drug abuse;
- collaboration with the Boards of Education to develop comprehensive substance abuse prevention and education programs.

Healthy Eating

57. The Department of Public Health, in collaboration with the proposed Food Policy Council, establish a Healthy Eating Program that includes:

- culturally appropriate dietary guidelines and nutritional goals;
- "right to know" by-law or provincial legislation which requires restaurants, food manufacturers and stores to inform people of the content of foods;
- working with food producers, manufacturers, distributors, retailers, unions, nutritionists and food advocacy groups to develop programs for healthy nutrition;

- advocating that only healthy food be provided or sold in schools;
- research on the costs to business, industry and society of an unhealthy diet;
- specialized dietary counselling as required.

Dental Health

58. The Department of Public Health advocate for the province to meet the dental health needs of those who lack either public or private dental insurance coverage through a program similar to the "Children in Need of Treatment" program.
59. The Department of Public Health continue to advocate for the province to develop a comprehensive dental treatment program for seniors.
60. The Department of Public Health continue to develop culturally and linguistically appropriate dental health programs and use community development approaches to enhance public awareness of dental health.
61. The Department of Public Health be involved in the research and development of new dental health approaches and development and adoption of new, efficacious and cost-effective prevention and treatment technologies.

Healthy Sexuality

62. The Department of Public Health develop a comprehensive healthy sexuality program that integrates all aspects of human sexual behaviour, and that reaches broadly into the community wherever young people and adults gather.
63. The Boards of Education make healthy sexuality an integral part of a comprehensive school health education curriculum.

Create Healthful Environments and Protect People From Health Hazards

Community Sanitation and Environmental Protection

64. The Department of Public Health consider the establishment of a restaurant food handler certification program and a nutrition awards program.
65. The Department of Public Health consider its role in the monitoring of chemical contamination of the food chain, and advocate to the provincial and federal governments for them to expand their monitoring, to undertake programs to reduce food chain contamination and to inform the public of its extent.
66. The Department of Public Health explore what role it can play in improving indoor air quality in the City of Toronto.
67. The Department of Public Health review the evidence that suggests environmental hypersensitivity is an important new public health problem and propose appropriate actions.
68. The Department of Public Health Environmental Protection Office actively participate in research for new techniques of health impact assessment.
69. The Department of Public Health consider a pesticide right-to-know by-law to complement provincial right-to-know legislation and undertake a comprehensive information and education campaign to ensure that the public are aware of toxic chemicals to which they are or may be exposed.

70. The Department of Public Health Environmental Protection Office assume a leadership role with respect to environmental protection.

Communicable Disease Control

71. The Department of Public Health play a significant role in infection control programs in both regulated and unregulated daycare facilities.

72. The Department of Public Health ensure the development of infection control programs in all collective living centres in the City of Toronto.

73. The Department of Public Health apply the lessons learned in endeavouring to control AIDS to the development and enhancement of other communicable disease control programs.

Enable the People of Toronto to Develop Health Promotion Skills and Achieve Their Health Potential

Health Promotion Skills

74. The Department of Public Health ensure that it has sufficient expertise in the areas of health education, community development and multicultural health, and undertake extensive and ongoing staff development in these areas.

Health Communications

75. The Department of Public Health continue to prepare culturally appropriate health communications, including communications suitable for those who are functionally illiterate.

76. The Department of Public Health examine ways in which the Department Resource Centre can make health information more readily accessible to the community.

Plan for Health and Provide Health Data

Health Planning

77. The Department of Public Health prepare a five-year plan, with objectives and targets for each program in this Report; biennial progress reports should be made to the Board of Health.

78. The Department of Public Health consider locating its planning function in the Office of the Medical Officer of Health.

Health Data

79. The Department of Public Health develop new data relevant to the City-wide Healthy City Initiative, including new Healthy City indicators; this information should be developed in collaboration with the proposed Healthy City Office and with the Canadian and World Health Organization projects.

80. The Department of Public Health prepare a report on health inequalities in the City of Toronto.

81. The Department of Public Health prepare neighbourhood health profiles that are easily understood and readily accessible; these should highlight issues relevant to inequalities in health status and to multicultural aspects of health.

82. The Department of Public Health report on the feasibility of providing a health data information service to the community.

83. The Department of Public Health develop new program data, including outcome measures, that will enable the Department to evaluate its progress with respect to the five-year plan.

Health Research

84. The Department of Public Health establish a Research Committee which should, as its first task, clarify the Department role in research and develop a health promotion/public health research strategy. The Research Committee should identify priority areas for research, with particular reference to the City-wide Healthy City Initiative, coordinate the Department research resources and seek research funds.

85. The Department of Public Health collaborate with the University of Toronto, York University, Ryerson Polytechnical Institute and others in developing health promotion initiatives.

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Support the Healthy City Initiative

Healthy City Strategy Section

86. The Department of Public Health consider establishing a Healthy City Strategy Section within the Office of the Medical Officer of Health to coordinate work with other departments, and provide linkages to the proposed Healthy City Office, the proposed Inter-departmental Healthy City Workgroup and the proposed City Healthy Public Policy Committee.

87. The proposed Healthy City Strategy Section provide health-related data and consultation relevant to all aspects of the City-wide Healthy City Initiative, and be responsible for developing analyses with respect to inequalities in health.

Staff Development

88. The Department of Public Health develop a long-term and comprehensive staff training and development strategy to ensure that all staff are aware of the Healthy City Initiative, such priority areas as health inequalities, community development and multicultural health issues and other matters. This staff training and development strategy should include a budget adequate to the task.

Education and Training of Community Health Professionals

89. The Department of Public Health collaborate with the University of Toronto, Ryerson Polytechnical Institute, Community Colleges and other centres in the education of community health professionals through formal Teaching Health Unit programs.

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